

**VERIFICATION OF ELIGIBILITY FOR BURIAL  
IN A NATIONAL CEMETERY**

NUMBER

**NOTE:** Orally summarize the below Privacy Act notice and provide a copy of this form before collecting information from a person.**PRIVACY ACT NOTICE:** The information is solicited under Chapter 24, Title 38, United States Code, and will be used in determining the eligibility of the deceased for burial in a national cemetery, in making a preliminary determination concerning the monument inscription, and in making burial arrangements. Disclosure is voluntary. However, if the information is not furnished, burial may be delayed. The information may be disclosed outside the VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974.**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0232), Washington, DC 20503. Please do not send applications for benefits to these addresses.**SECTION I - FUNERAL HOME INFORMATION**

NAME OF FUNERAL HOME CONTACT		NAME AND ADDRESS OF FUNERAL HOME
DATE CALL RECEIVED	TIME A.M. P.M.	

**SECTION II - DECEDENT**

LAST NAME - FIRST NAME - MIDDLE NAME OR INITIAL	DATE OF BIRTH (Mo., day, year)	DATE OF DEATH (Mo., day, year)
HOME OF RECORD AT TIME OF DEATH (City, County, and State)	DECEDENT <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SPOUSE <input type="checkbox"/> VETERAN	

**SECTION III - VETERAN**

LAST NAME - FIRST NAME - MIDDLE NAME OR INITIAL		MARITAL STATUS	SERVICE NO. OR SOC. SEC. NO.	VA CLAIM NO.
MILITARY STATUS <input type="checkbox"/> ON ACTIVE DUTY <input type="checkbox"/> RETIRED	PERIOD OF SERVICE <input type="checkbox"/> WWI <input type="checkbox"/> WWII <input type="checkbox"/> KOREA <input type="checkbox"/> VIETNAM <input type="checkbox"/> OTHER (Specify)	ACTIVE DUTY DATES (Month, day, year) ENTERED RELEASED		OTHER SERVICE DATES (Month, day, year) ENTERED RELEASED
<input type="checkbox"/> IN RESERVE <input type="checkbox"/> VETERAN		HIGHEST GRADE, RATE OR RANK AND BRANCH OF SERVICE IN WHICH HELD		

**SECTION IV - NEXT OF KIN**

NAME AND ADDRESS OF NEXT OF KIN	RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> OTHER (Specify)
	DATE OF BIRTH OF WIDOW(ER) (If next of kin) NAME OF MOTHER (If decedent is a child)

**SECTION V - INTERMENT DATA**

INTERMENT				GRAVE/NICHE LOCATION		DEPTH OF GRAVE
TENTATIVE DATE	TIME A.M. P.M.	ACTUAL DATE	TIME A.M. P.M.	SECTION	NUMBER	<input type="checkbox"/> 3 FT. <input type="checkbox"/> 7 FT. <input type="checkbox"/> 5 FT. <input type="checkbox"/> 9 FT.
GRAVE POSITION <input type="checkbox"/> CL <input type="checkbox"/> LH <input type="checkbox"/> LL <input type="checkbox"/> RH	OUTSIDE CONTAINER <input type="checkbox"/> VAULT <input type="checkbox"/> WOOD <input type="checkbox"/> METAL <input type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC/FIBERGLASS <input type="checkbox"/> GOVT. GRAVELINER <input type="checkbox"/> NO CONTAINER			WAS THERE A PREVIOUS INTERMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF REQUEST <input type="checkbox"/> RESERVATION <input type="checkbox"/> REOPENER

**INFORMATION REGARDING PREVIOUSLY INTERRED FAMILY MEMBER(S)**

NAME(S) OF FAMILY MEMBER(S)	DATE(S) OF DEATH	DATE(S) OF INTERMENT
DISTANCE (MILES) FROM DECEDENT'S RESIDENCE	HAS FOREMAN BEEN NOTIFIED OF RESERVED GRAVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CREMAINS <input type="checkbox"/> URN <input type="checkbox"/> OTHER (Specify)
		BURIAL PERMIT <input type="checkbox"/> ON FILE <input type="checkbox"/> NOT FURNISHED FOR RECORD <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> SIGNED AND RETURNED

**SECTION VI - RELIGIOUS DATA**

DENOMINATION OF DECEDENT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PROTESTANT <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify on reverse)	RELIGIOUS EMBLEM	COMMITTAL SERVICES DESIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF OFFICIATING CLERGY
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**SECTION VII - ELIGIBILITY VERIFICATION**

DATE MESSAGE SENT	TIME A.M. P.M.	DATE REPLY RECEIVED	TIME	WAS DISCHARGE CERTIFICATE FURNISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**SECTION VIII - MISCELLANEOUS DATA**

ARE PALLBEARERS SERVICES REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE CLERGY SERVICES REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THERE BE MILITARY HONORS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**SECTION IX - FOR VA USE ONLY** *(Initial if required and give date when completed.)*

INITIALS	DATE	ITEM	INITIALS	DATE	ITEM
		VA FORM 40-4956, RECORD OF INTERMENT			VA FORM 40-4965, INTERMENT RECORD FOR NEXT OF KIN
		VA FORM 40-4960, TEMPORARY GRAVE MARKER			VA FORM 40-4982, INTERMENT REGISTER
		VA FORM 40-4961, STATEMENT OF MARITAL STATUS			VA FORM 40-4987, AGREEMENT FOR BURIAL OF CREMATED REMAINS
		VA FORM 40-4964, CERTIFICATION OF MONUMENT DATA			PROOF OF SERVICE

REMARKS